

FEC
FORM 1

STATEMENT OF
ORGANIZATION

FEDERAL ELECTION
COMMISSION
PUBLIC NOTICE

SECRETARY OF THE SENATE
JAN 26 PM 1:27 2017 JAN 11 AM 9:11

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SOUTH DAKOTA FIRST

ADDRESS (number and street)

PO BOX 155

(Check if address is changed)

SIOUX FALLS

CITY ▲

SD

STATE ▲

57101

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

X (Check if address is changed)

sharonboysen@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 15 / 2016

3. FEC IDENTIFICATION NUMBER ► C00430371

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sharon Boysen

Signature of Treasurer

Sharon Boysen

Date

01 / 02 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 08/2012)

Candidate Committee:

- Name of Candidate

District

- Name of
-
- Candidate

(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
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Cooperative

X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

Write or Type Committee Name

SOUTH DAKOTA FIRST

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

TIM JOHNSON

Mailing Address

PO Box 15316

SIOUX FALLS

CITY

SD

STATE

57101

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

SHARON BOYSEN

Mailing Address

PO Box 155

SIOUX FALLS

CITY

SD

STATE

57101

ZIP CODE

Title or Position

TREASURER

Telephone number

605-310-9960

2011-01-26-01-00-15-00-1

Full Name of
Designated
Agent

CARLYN EGGE

Mailing Address

PO Box 155

SIoux FALLS

CITY

SD

STATE

57101

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

605-310-9960

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US BANK

Mailing Address

141 N MAIN AVE

SIoux FALLS

CITY

SD

STATE

57101

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

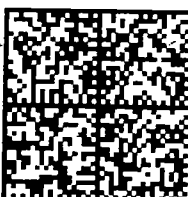
ZIP CODE

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FCMF

JAN 03 2017
57103



Office of Public Records
P.O. Box 77578

P.O. Box 77578

Washington, DC 20013-7578

2017-01-29-01-001M400M

Federal Election Commission
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PREPARER
(3/2015)

JA

1/26/17
DATE PREPARED

2017-01-26 09:01:00 AM